

### Early Childhood Referrals

**For children who are 0-2 years of age** (If the child is 3 at the time of referral, send to the preschool team):

Gather Identifying Information:

<b>Date of Contact/Referral</b>	
<b>Child's Name</b>	
<b>Date of Birth</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Parent/Guardian's Name</b>	
<b>Address</b>	
<b>Phone Number(s)</b> (Including work numbers)	
<b>Home School</b>	

(All referrals, including medical): What are your primary concerns?

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(If parent is referring): Who referred you to our program?

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***(If parent is referring):*** We appreciate you contacting the Papillion-La Vista School District. You can expect a phone call from a Services Coordinator within the next few days and they will set a time to talk with you more specifically about your concerns, as well as what you can expect from the referral process. Our early childhood team looks forward to meeting your family. Thank you!

***(If Medical or other referral):*** Thank you for your call. We will have a Services Coordinator contact the family within the next day or two. We appreciate your referral!

#### **Papillion Referrals** (GH, AG, CH, WC, TP, Bell, Pat)

Send e-mail within 7 days of the date of Referral to:

Debbie Wetterberg (ESU#3)  
Kodi Lewis (ESU#3)  
Kristy Feden  
Suzanne Harless  
Sheila Brodersen  
Melody Shipman  
Meredith Richardson  
Tracie Solomon  
Jennifer Lee

#### **La Vista Referrals** (PVH, LVW, HH, GSH, Portal, RS, TH)

Send e-mail within 7 days of the date of Referral to:

Debbie Wetterberg (ESU#3)  
Gina Long (ESU#3)  
Kristy Feden  
Suzanne Harless  
Sheila Brodersen  
Melody Shipman  
Kerry Miller  
Jackie Griess  
Leigh McAuliff